FORM D



UNITED STATES *SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

13815	25
OMB /	APPROVAL
OMB Number:	3235-0076
Expires: Apr	il 30, 2008

Expires: April 30, 2008
Estimated average burden
hours per response: 16.00

SEC USE ONLY						
Prefix		Serial				
	DATE REC	EIVED				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
GS TACS Active Continuous (U.S. Large Cap), LLC: Limited Liability Comp	any Units							
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506	□ Section 4(6) Section 4(6)							
Type of Filing: ☐ New Filing ☑ Amendment	RCLID.							
A. BASIC IDENTIFICATION DATA								
1. Enter the information requested about the issuer	園 1							
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	(F) 0 (1/1/4 6)							
GS TACS Active Continuous (U.S. Large Cap), LLC	الأع الأا							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)							
32 Old Slip, New York, New York 10005	(212) 902-1000							
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephan Office Strelliding Area Code)							
(if different from Executive Offices)								
Brief Description of Business								
To operate as a private investment fund.	101 2 2 2000							
	THOMSON							
Type of Business Organization	FINANCIAL							
☐ corporation ☐ limited partnership, already formed	☑other (please specify):							
□ business trust □ limited partnership, to be formed	Limited Liability Company							
Month Year								
Actual or Estimated Date of Incorporation or Organization: Month Year	☑ Actual ☐ Estimated							
Actual of Estimated Date of Incorporation of Organization.	E Actual E Estimated							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for								
State: CN for Canada; FN for other foreign ju	risdiction) D E							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 ct seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General Partner and/or Managing Partner Full Name (Last name first, if individual) Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member) Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General Partner and/or Managing Partner Full Name (Last name first, if individual) Chropukva, Gary (Number and Street, City, State, Zip Code) Business or Residence Address 32 Old Slip, New York, NY 10005 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director General Partner and/or Managing Partner Full Name (Last name first, if individual) Dempsey, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 Beneficial Owner ☑ Executive Officer □ Director □ Check Box(es) that Apply: ☐ Promoter General Partner and/or Managing Partner Full Name (Last name first, if individual) Ioffe, Len **Business or Residence Address** (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director General Partner and/or Managing Partner Full Name (Last name first, if individual) Jones, Robert **Business or Residence Address** (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 ☐ Promoter Beneficial Owner Executive Officer Director Check Box(es) that Apply: General Partner and/or Managing Partner Full Name (Last name first, if individual) Litterman, Robert B. Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 ☐ Promoter Check Box(es) that Apply: Executive Officer Director General Partner and/or Managing Partner Full Name (Last name first, if individual) Mulvihill, Donald **Business or Residence Address** (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 Check Box(es) that Apply: □ Promoter Beneficial Owner Executive Officer Director General Partner and/or Managing Partner

Full Name (Last name first, if individual)

32 Old Slip, New York, NY 10005

Business or Residence Address (Number and Street, City, State, Zip Code)

Wianecki, Karl D.

	•			B. IN	FORMAT	ION ABO	UT OFFI	ERING				
		,							·		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Ø				
Answer also in Appendix, Column 2, if filing under ULOE.												
	s the minimu										\$ 200	
The I	fund may a	ccept subsc	criptions to	r lesser am	ounts in th	e sole discr	etion of the	e Managing	Member.		3,00	10,000
2 Dans	he offering			of o simala	:49						Yes ☑	No □
											E	ш
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	(Last name , Sachs & C		ividual)									
Business of	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
85 Broad	Street, Nev	v York, NY	10004									
Name of A	Associated E	Broker or De	ealer									
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	e first, if ind	ividual)									
-		4 1 1 /1		0	0	<u> </u>						
Business	or Residence	e Address (1	Number and	Street, City	y, State, Zip	(Code)						
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Name of A	Associated E	Broker or De	ealer									
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	e first, if ind	lividual)									
Business of	or Residence	e Address (l	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated I	Broker or De	ealer									
	Which Perso All States"											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	{TX}	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$_	0	_	\$_	0
	Equity	\$	0 ·		\$ ⁻	0
	□ Common □ Preferred			_	_	- 400
	Convertible Securities (including warrants)	\$	0	_	\$_	0
	Partnership Interests	\$_	0	_	\$_	0
	Other (Specify) Limited Liability Company Units	\$_	127,656,666	_	\$_	127,656,666
	Total	\$	127,656,666		\$	127,656,666
	Answer also in Appendix, Column 3, if filing under ULOE.		·		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
			Number Investors	•		Dollar Amount of Purchases
	Accredited Investors		49		\$	127,656,666
	Non-accredited Investors		0	_	\$ -	0
	Total (for filings under Rule 504 only)	_	N/A	_	s –	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	_		_	_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Tuna of			Dollar Amount
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505	_	N/A	_	\$_	N/A
	Regulation A		N/A	_	\$_	N/A
	Rule 504		N/A		\$	N/A
	Total		N/A		\$	N/A
tł tł	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.			_	_	
	Transfer Agent's Fees		E]	\$_	0
	Printing and Engraving Costs			3	\$_	0_
	Legal Fees		6	7	s –	79,921
	Accounting Fees]	s –	0
	Engineering Fees				s –	0
	Sales Commissions (specify finders' fees separately)		_		- \$	0
	Other Expenses (identify) legal and miscellaneous		- [_	- \$	0
	Total		5		~ – \$	79,921
				-	" –	17,761

	C. OFFERING PRICE, N	NUMBER OF INVESTORS, EXI	ENS	ES A	ND USE OF PI	ROCE	EDS			
	 b. Enter the difference between the aggreg Question 1 and total expenses furnished difference is the "adjusted gross proceeds to 	in response to Part C - Question 4.a	. Thi	S		\$_		127,576,745		
5.	Indicate below the amount of the adjusted to be used for each of the purposes shown. furnish an estimate and check the box to payments listed must equal the adjusted groto Part C - Question 4.b. above.	If the amount for any purpose is not the left of the estimate. The total	knowr of th	1, e			-			
	·				Payments to Officers, Directors, & Affiliates			Payments To Others		
	Salaries and Fees			\$_	0		\$_	0		
	Purchase of real estate			\$_	0	_ 🗆	\$_	0		
	Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0		\$_	0		
	Construction or leasing of plant buildings at	nd facilities		\$_	0		\$_	0		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)				0		\$	0		
	Repayment of indebtedness		0	* - \$	0		* - \$	0		
	Working capital		_	\$_ \$	0		\$ - \$	0		
	Other (specify): <u>Investment capital</u>		_	\$_ \$	0	- 2	\$_ \$			
				" -		-	" -	127,576,745		
	Column Totals		\$ _	0	⊠ -	\$ _	127,576,745			
Total Payments Listed (column totals added)								127,576,745		
	144,4	D. FEDERAL SIGNATU	RE							
fe	The issuer has duly caused this notice to be ollowing signature constitutes an undertaking is staff, the information furnished by the issue	by the issuer to farnish to the U.S. Sec	wities	and	Exchange Commis	sion, u	unde oon w	er Rule 505, the pritten request of		
	uer (Print or Type)	Signature			Date November 14,	2007				
	TACS Active Continuous S. Large Cap), LLC	KMX//			November,	2000		·		
	me of Signer (Print or Type) chard Cundiff	Title of Signer (Print or Type) Authorized Person								
		<i>'</i>								

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).